



## LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY TELECOMMUTING APPLICATION

Telecommuting is an assignment that the Los Angeles County Metropolitan Transportation Authority (MTA) may choose to make available to employees. This form is designed to be a discussion tool for you and your supervisor to examine the feasibility of telecommuting. In order to determine eligibility for the Telecommuting Program, please complete the information below.

Name \_\_\_\_\_ Department \_\_\_\_\_

Extension \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Commute distance from home to regular work location (in miles) \_\_\_\_\_

The employee will telecommute from the following location \_\_\_\_\_

How many days per week (normally/or 2 days per week) do you propose to telecommute? \_\_\_\_\_

Identify day(s) of the week and hours you propose to telecommute \_\_\_\_\_

Hours From \_\_\_\_\_ To \_\_\_\_\_ (Full work days only)

Why have you proposed these days and hours? \_\_\_\_\_

Discuss your typical job duties or assignments \_\_\_\_\_

How will these tasks be accomplished while telecommuting? \_\_\_\_\_

Special considerations/conditions \_\_\_\_\_

If telecommuting from home, do you have a separate work space available to work? Yes ☐ No ☐ If Yes, where do you plan to work? (Please attach a photo of your proposed work space.) \_\_\_\_\_

### APPROVALS

The above information has been reviewed and discussed by telecommuter and telemanager.

Telecommuter's Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed \_\_\_\_\_ Date \_\_\_\_\_

Information Security Unit

Reviewed \_\_\_\_\_ Date \_\_\_\_\_

Employee Transportation Coordinator

Telemanager's Signature\* \_\_\_\_\_ Date \_\_\_\_\_

(\*Telemanager's signature also signifies that employee meets all criteria set forth in the Telecommuting Policy and is recommended for this Program.)

Concurrence \_\_\_\_\_ Date \_\_\_\_\_

Executive Officer

Please return completed signed form to Employee Transportation Coordinator, Human Resources. Form must be signed by both the Telemanager and the Executive Officer.



## LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY TELECOMMUTER SELECTION SURVEY

This survey was designed as a tool to assist in the initial stages of determining suitability for telecommuting. There are two versions of this survey: 1) a Telecommuter Selection Survey to be completed by the employee, and 2) a Telemanager Selection Survey to be completed by the supervisor. The information gathered from both surveys shall be used for selecting MTA Telecommuting Program participants.

Once both Telecommuting Selection Surveys are completed, submit them to the Corporate Employee Transportation Coordinator (ETC). The ETC shall assist the Telemanager in making a telecommuting decision.

Employee Name \_\_\_\_\_

Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Classification \_\_\_\_\_

1a. In five lines or less, describe what you currently do.

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1b. In five lines or less, describe how your current job can be adapted to telecommuting to better meet the goals and mission of your department.

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1c. The following three groups of characteristics relate to your existing work, to your future work as it can be adapted to telecommuting, and to you as an employee. Please rate each characteristic as either High, Medium, or Low by checking the appropriate blank.

**Existing Work Characteristics**

Please rate the following according to your existing job requirements and characteristics.

	<u>High</u>	<u>Med.</u>	<u>Low</u>
• Amount of face-to-face contact required.	___	___	___
• Ability to organize required face-to-face communications (e.g. meetings) into pre-determined time periods.	___	___	___
• Degree of telephone communications required.	___	___	___
• Clarity of objectives for a given work effort.	___	___	___
• Autonomy of operation.	___	___	___
• Ability to control and schedule work flow.	___	___	___
• Amount of in-office reference materials required.	___	___	___
• Dependence upon support staff.	___	___	___

**Future Work Characteristics as a Telecommuter**

Please rate the following job characteristics in terms of their adaptability to telecommuting.

	<u>High</u>	<u>Med.</u>	<u>Low</u>
• Amount of face-to-face contact required.	___	___	___
• Ability to organize required face-to-face communications (e.g. meetings) into pre-determined time periods.	___	___	___
• Degree of telephone communications required.	___	___	___
• Clarity of objectives for a given work effort.	___	___	___
• Autonomy of operation.	___	___	___
• Ability to control and schedule work flow.	___	___	___
• Amount of in-office reference materials required.	___	___	___
• Dependence upon support staff.	___	___	___

**CONTINUED — OVER**

**Employee Characteristics**

Please rate the following according to your own characteristics as an employee, and as a telecommuter.

**High****Med.****Low**

- Need for supervision, frequent feedback.
- Quality of organizational and planning skills.
- Importance of co-workers' input to work function.
- Discipline regarding work.
- Reliability concerning work hours.
- Computer literacy level.
- Desire/need to be around people.
- Desire for scheduling flexibility for any reason.
- Potential friction at home if telecommuting (e.g., interruptions due to caring for sick child or spouse)
- Level of job knowledge.
- Productivity.
- Quality of work.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. What criteria are used by your manager to evaluate your work? (For example: quality of work, quantity of work, timeliness, etc. Please be specific.)

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3. Do you need physical security of the information, data and materials you work with? (Check one.)

- ☐ Yes (Answer question 4)  
☐ No (Go to question 5)  
☐ Not applicable (Go to question 5)

4. As a telecommuter, what information security issues can you anticipate? (Please be specific.)

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5. Considering the nature of your job, how often would you want to telecommute? (Check one only.)

- ☐ About once every two weeks  
☐ About once a week  
☐ Two days a week  
☐ Occasionally for a special project  
☐ Full-time

6. What kinds of work would you expect to do while telecommuting? (Check as many as apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Writing/typing                       | <input type="checkbox"/> Talking on the telephone          |
| <input type="checkbox"/> Word processing                      | <input type="checkbox"/> Sending/receiving electronic mail |
| <input type="checkbox"/> Data management/computer programming | <input type="checkbox"/> Field visits                      |
| <input type="checkbox"/> Administrative                       | <input type="checkbox"/> Thinking/planning                 |
| <input type="checkbox"/> Reading                              | <input type="checkbox"/> Other (please specify)            |
| <input type="checkbox"/> Research                             |  |

7. Given the amount of telecommuting appropriate for you and the kinds of work you would do while telecommuting, what equipment/services do you think you need, and which of those do you currently have? (Check appropriate box.)

	<u>Need</u>	<u>Currently Have</u>
Personal computer/laptop	_____	_____
Monitor	_____	_____
Printer	_____	_____
Modem/communications software	_____	_____
Additional phone line	_____	_____
Applications software	_____	_____
Facsimile machine	_____	_____
Voice Mail	_____	_____
Other (please specify)	_____	_____

**CONTINUED**

8. Do you work from home now, or have you done so regularly in the past?

☐ Yes

☐ No (Go to question 10)

9. If so, approximately how much? (Check one only.)

☐ Less than one day/month

☐ One day/month

☐ About once every two weeks

☐ About once a week

☐ Two days a week

☐ Three days a week

☐ Four days a week

☐ All the time, with weekly office visits

☐ Several hours a day

☐ Sometimes in the evening

10. Do you have adequate space in your home to dedicate to telecommuting that meets the criteria contained in the MTA Telecommuting Policy?

☐ Yes

☐ No

11. Are there any distractions/obligations that will make working at home difficult or impossible?

☐ Yes

☐ No

12. In your opinion, after reviewing the information provided, do you consider yourself a suitable candidate for telecommuting?

☐ Yes

☐ No

☐ Need more information (Please specify.)



## LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY TELEMANAGER SELECTION SURVEY

This survey was designed as a tool to assist in the initial stages of determining suitability for telecommuting. There are two versions of this survey: 1) a Telecommuter Selection Survey to be completed by the employee, and 2) a Telemanager Selection Survey to be completed by the supervisor. The information gathered from both surveys shall be used for selecting MTA Telecommuting Program participants.

Once both Telecommuting Selection Surveys are completed, submit them to the Corporate Employee Transportation Coordinator (ETC). The ETC may assist the Telemanager in making a telecommuting decision.

Supervisor Name \_\_\_\_\_

Organizational Unit \_\_\_\_\_ Work Section \_\_\_\_\_

Employee Name \_\_\_\_\_

1a. In five lines or less, describe the kind of work this employee does.

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1b. In five lines or less, describe how the work of this employee can be adapted to telecommuting to better meet the goals/mission of your work section.

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1c. The following four groups of characteristics relate respectively to this employee's existing work, the type of work that can be done when telecommuting, to the employee, and to the supervisor. Please rate each characteristic as either High, Medium, or Low by checking the appropriate blank.

### ***Work Characteristics***

Please rate the following according to job requirements and characteristics of the employee.

	<u>High</u>	<u>Med.</u>	<u>Low</u>
• Amount of face-to-face contact required.	_____	_____	_____
• Ability to organize required face-to-face communications (e.g. meetings) into pre-determined time periods.	_____	_____	_____
• Degree of telephone communications required.	_____	_____	_____
• Clarity of objectives for a given work effort.	_____	_____	_____
• Autonomy of operation.	_____	_____	_____
• Ability to control and schedule work flow.	_____	_____	_____
• Amount of in-office reference materials required.	_____	_____	_____
• Dependence upon support staff.	_____	_____	_____

### ***Future Work as a Telecommuter***

Please rate the following job characteristics in terms of their adaptability to telecommuting.

	<u>High</u>	<u>Med.</u>	<u>Low</u>
• Amount of face-to-face contact required.	_____	_____	_____
• Ability to organize required face-to-face communications (e.g. meetings) into pre-determined time periods.	_____	_____	_____
• Degree of telephone communications required.	_____	_____	_____
• Clarity of objectives for a given work effort.	_____	_____	_____
• Autonomy of operation.	_____	_____	_____
• Ability to control and schedule work flow.	_____	_____	_____
• Amount of in-office reference materials required.	_____	_____	_____
• Dependence upon support staff.	_____	_____	_____

**CONTINUED — OVER**

**Employee Characteristics**

Please rate the following according to the potential telecommuter's characteristics as an employee.

- Need for supervision, frequent feedback.
- Quality of organizational and planning skills.
- Importance of co-workers' input to work function.
- Discipline regarding work.
- Computer literacy level.
- Degree of experience in current assignment.
- Level of job knowledge.
- Productivity.
- Quality of work.

**High Med. Low**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Supervisor Characteristics**

Please rate the following according to your own characteristics as a supervisor.

- Positive attitude toward telecommuting.
- Trust employee's ability to telecommute.
- Organizational and planning skills.
- Ability to establish clear objectives.
- Provide formal feedback regularly.
- Flexibility.
- Ability to communicate with employees.
- Result and product-oriented rather than activity- or process-oriented.

**High Med. Low**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. What criteria do you use to evaluate your staff's performance? (For example: quality of work, quantity of work, timeliness, etc. Please be specific.)

_____
_____
_____

3. Does this employee need physical security of the information, data and materials he/she works with?

- ☐ Yes  
☐ No (Go to question 5)  
☐ Not applicable (Go to question 5)

4. With this employee as a telecommuter, what information security issues can you anticipate? (Please be specific.)

_____
_____
_____
_____

5. Considering the nature of this employee's work, what is the maximum amount you would want he/she to telecommute? (Check one only.)

- |   |   |
|---|---|
| <input type="checkbox"/> About once every two weeks | <input type="checkbox"/> Occasionally for a special project |
| <input type="checkbox"/> About once a week          | <input type="checkbox"/> Full-time                          |
| <input type="checkbox"/> Two days a week            | <input type="checkbox"/> Not at all                         |

6. What kinds of work would you expect this employee to do while telecommuting? (Check as many as apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Writing/typing                       | <input type="checkbox"/> Talking on the telephone          |
| <input type="checkbox"/> Word processing                      | <input type="checkbox"/> Sending/receiving electronic mail |
| <input type="checkbox"/> Data management/computer programming | <input type="checkbox"/> Field visits                      |
| <input type="checkbox"/> Administrative                       | <input type="checkbox"/> Thinking/planning                 |
| <input type="checkbox"/> Reading                              | <input type="checkbox"/> Other (please specify)            |
| <input type="checkbox"/> Research                             |  |

**CONTINUED**

7. Given the nature of this employee's work and using the guideline contained in the MTA Telecommuting Policy, what equipment would this employee need in order to telecommute the amount you proposed for them in question 5?

- |  |   |
|--|---|
| <input type="checkbox"/> Personal computer/laptop      | <input type="checkbox"/> Applications software  |
| <input type="checkbox"/> Monitor                       | <input type="checkbox"/> Facsimile machine      |
| <input type="checkbox"/> Printer                       | <input type="checkbox"/> Voice mail             |
| <input type="checkbox"/> Modem/communications software | <input type="checkbox"/> Other (Please specify) |
| <input type="checkbox"/> Additional telephone line     |   |

8. Do any of your staff work from home at all now (counting overtime)?

- ☐ Yes ☐ No (Go to question 10)

9. If so, how much?

- |   |  |
|---|--|
| <input type="checkbox"/> Less than one day/month    | <input type="checkbox"/> Three days a week                       |
| <input type="checkbox"/> One day/month              | <input type="checkbox"/> Four days a week                        |
| <input type="checkbox"/> About once every two weeks | <input type="checkbox"/> All the time, with weekly office visits |
| <input type="checkbox"/> About once a week          | <input type="checkbox"/> Several hours a day                     |
| <input type="checkbox"/> Two days a week            | <input type="checkbox"/> Some evenings                           |

10. Please rate this employee in terms of your willingness to allow telecommuting?

- ☐ Not at all willing.
- ☐ Have reservations, but willing on a trial basis.
- ☐ Completely willing.

Initials

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY  
TELECOMMUTING AGREEMENT**

**THIS AGREEMENT**, effective \_\_\_\_\_, 19\_\_\_\_, is between \_\_\_\_\_, an employee of the Los Angeles County Metropolitan Transportation Authority, ("Telecommuter"), and the Los Angeles County Metropolitan Transportation Authority, ("MTA" or "Employer"). The Employee's direct line supervisor(s) \_\_\_\_\_ ("Telemanager") shall be MTA's agent with respect to the responsibilities set forth in this agreement. The parties intend to be bound as follows:

1. **Scope of this Agreement.** Telecommuter agrees to perform regularly assigned duties as a "Telecommuter." The MTA and Telecommuter agree that telecommuting is entirely voluntary on the part of both parties and does not constitute an employee right or benefit. Other than those duties and obligations expressly imposed on Telecommuter under this agreement, the duties, obligations, responsibilities and conditions of Telecommuter's employment with MTA remain unchanged. Telecommuter's participation in salary, pension, benefit and MTA-sponsored insurance plans shall remain unchanged.

2. **Definitions.** The terms "remote work location" or "remote workplace" shall mean Telecommuter's residence or any remote office location approved by the Telemanager. The term "central workplace" shall mean Telecommuter's usual and customary MTA work address.

3. **Term of this Agreement.** This Agreement shall become effective as of the date written above, and shall remain in full force and effect until terminated by either party.

4. **Work Hours and Procedures.** Telecommuter shall normally telecommute from the hours of \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. during any day assigned to telecommute. Temporary deviations from this work schedule shall be approved by the Telecommuter's Telemanager. During these hours, Telecommuter shall be available to make or take business-related telephone calls and, if available, the Telecommuter will program his/her office telephone to forward calls to the remote work location during telecommuting business hours. On each telecommuting day, Telecommuter shall call into the central workplace at least three times to retrieve voice mail or other messages left with department support staff.

5. **At-Home Telecommuting.** If assigned to work at home, the Telecommuter and MTA agree to take the following steps to assure maintenance of a quiet, work-oriented environment:

**Workspace Safety.** The Telecommuter agrees to keep the home telecommuting workspace free of safety hazards in accordance with telecommuting training provided by MTA. The MTA may inspect the Telecommuter's workspace at a mutually agreeable time.

**Child or Family Care.** Telecommuter agrees to make arrangements for the care of elderly household residents, sick household residents or children under age twelve that enable Telecommuter to work uninterrupted during telecommuting work hours.

**Household Rules for Telecommuting.** Telecommuter agrees to set household rules designed to minimize household interruptions during the telecommuting work hours. Use of dedicated workspace door signs indicating Telecommuter is working is encouraged by MTA.

**Confidentiality of MTA Work Product.** Telecommuter shall follow all MTA information security policies applicable to the telecommuting arrangement. MTA may inspect Telecommuter's computer to assure compliance with information security policies.

**Illness or Other Leave While Telecommuting.** Telecommuter agrees that any illness or other form of leave shall be approved orally by the Telemanager and Telecommuter shall report hours of work and hours of leave in the same manner as the Telecommuter would if working at the central office workspace.

**CONTINUED — OVER**



(Telemanager: Complete this section only if employee is assigned to work from home.) If assigned to work at home, the remote workplace under this agreement shall be:

\_\_\_\_\_  
(Street Address of Telecommuter's Home)

\_\_\_\_\_  
(City, State and Zip Code)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Description of Designated Workplace)

6. **Telework Center Telecommuting.** If assigned to work at a telework center or a facilities sharing telework center, Telecommuter agrees to the following:

Confidentiality of MTA Work Product. Telecommuter and MTA agree that Telecommuter shall follow all MTA information security policies applicable to the telecommuting arrangement. MTA may inspect Telecommuter's computer to assure compliance with information security policies.

Illness or Other Leave While Telecommuting. Telecommuter agrees that any illness or other form of leave shall be approved orally by Telemanager and Telecommuter shall report hours of work and hours of leave in the same manner as Telecommuter would if working at the central office workspace.

(Telemanager: Complete this section only if employee is assigned to a telework center or similar facility.) If assigned to a telework or facilities sharing telework center, the remote workplace under this agreement shall be:

\_\_\_\_\_  
(Name of Telework or Facilities Sharing Center)

\_\_\_\_\_  
(Street Address of Center)

\_\_\_\_\_  
(City, State and Zip Code)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Description of Designated Workspace)

7. **Telecommuting Equipment.** Any equipment issued by MTA to Telecommuter for the purpose of telecommuting remains the property of MTA and shall be used exclusively for official MTA business purposes at the remote work location listed above or at the central work location of Telecommuter. Telecommuter agrees that MTA equipment may be recalled by Telemanager at any time. Telecommuter agrees to return any equipment issued by MTA to the agency designated repair site for service. Upon termination of telecommuting or employment with MTA, Telecommuter agrees to return all MTA-provided equipment, software, office supplies and other items to the central work location. (Telemanager must attach justification memo to this Agreement providing business purpose for each piece of equipment issued.)

**CONTINUED**

Telecommuter hereby acknowledges the following equipment will be issued by MTA for use in Telecommuter's telecommuting activities:

Equipment	Description of Equipment	Model No.	MTA Inventory No.
Computer			
Monitor			
Printer			
Modem			
Facsimile Machine			
2nd Telephone Line			
Telephone			
Supplies			

8. **Job Performance and Evaluation.** Telecommuter and Telemanager agree that they shall enter into and periodically update a performance contract which specifies work product or results expected from the Telecommuter and deadlines for completion. The parties agree that periodic evaluation of the Employee shall be based upon the Employee's progress in meeting performance contract goals. To assist Telemanager in supervision of the work unit, Telecommuter agrees to prepare and submit the Telecommuting Daily Work Plan to the Telemanager at least one work day prior to telecommuting, if required by the Telemanager.

9. **Computer Viruses.** The Telecommuter shall hold MTA harmless for any computer virus or other similar problem transmitted to Telecommuter's computer as a result of the telecommuting arrangement. The Telecommuter agrees to use MTA procedures to limit the risk of transmitting a computer virus or similar problem to MTA computers or networks.

10. **Income Tax Implications.** Telecommuter acknowledges that the implications for office in the home tax deductions under the federal Internal Revenue Code are completely the responsibility of the Telecommuter. MTA makes no representation whether Telecommuter properly will qualify for such deductions and strongly urges Telecommuter to seek the advice of a professional tax consultant to determine eligibility for such tax deductions.

11. **Participation in Program Evaluation.** Telecommuter and Telemanager agree to fully participate in all surveys, focus groups, training programs, and evaluations of the MTA Telecommuting Program.

12. **Cancellation of a Telecommuting Day.** Telecommuter agrees that the Telemanager may reassign work, reschedule or cancel a telecommuting day if the demands of the work unit require it. Cancelled telecommuting days do not accrue and may not be "made up."

13. **Termination of Telecommuting.** This agreement may be terminated upon ten days written notice of either party to the On-Site ETC. Telecommuter explicitly acknowledges that incurring any costs related to the telecommuting arrangement (purchase of a computer, software, furniture, etc.) creates no expectation or right to continue telecommuting.

The parties, in signing this Telecommuting Agreement, acknowledge receiving, reading and understanding the agreement and the MTA Telecommuting Policy. The parties agree to abide by the terms of this Telecommuting Agreement and any subsequent written amendments.

\_\_\_\_\_  
Telecommuter

\_\_\_\_\_  
Telemanager



LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY  
TELECOMMUTING DAILY WORK PLAN

for

\_\_\_\_\_  
(Insert Period of Time)

Telecommuter Name \_\_\_\_\_ Date \_\_\_\_\_

Telemanager Name \_\_\_\_\_

**Instruction to the Telecommuter:** Complete this notice to your Telemanager for every day or sequential days you propose to telecommute. If you are an authorized full-time telecommuter, please submit a work plan for each week. The work tasks must be broken down into discrete tasks or projects so that your Telemanager can assess your work plan, suggest any modifications to meet the work load of your unit, measure your success in meeting the work plan, or cancel your proposed telecommuting day to meet needs of your work unit. Submit this work plan so that your Telemanager has at least one workday to review your work plan.

**Instruction to the Telemanager:** This work plan is designed as a routine method of monitoring and supervising your telecommuters. Should a telecommuter's work tasks remain the same, you may wish to dispense with this work plan form. The form is intended as a notice to you by the Telecommuter of the proposed work for telecommuting. Based upon this notice you may wish to modify the work plan or reschedule/cancel the telecommuting day if the needs of your work unit require it.

**I propose the following prioritized work tasks for my telecommuting day(s) listed above:**

**Response, if any:**



**LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY  
EMPLOYEE PERFORMANCE CONTRACT**

Name \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Division \_\_\_\_\_

**1. PRIMARY TASKS AND PROJECTS SUPPORTING WORK UNIT**

Please list those tasks and projects for which you will assume personal responsibility. Break each task or project down into measurable objectives or steps with a desired due date.

TASK PROJECT	OBJECTIVES OR STEPS	DUE DATE
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## 2. SUPPORT TASKS:

Please list those tasks and projects primarily managed by others for which you have a supporting role. Briefly describe each project, your expected support role, and the desired due date. If your supporting role is continuous, indicate "Ongoing" under DUE DATE.

TASK PROJECT

SUPPORT ROLE

DUE DATE

## 3. ADDITIONAL SKILLS TO LEARN OR DEVELOP:

With input from your supervisor, identify new skills you want to acquire. Identify specific training courses or projects on which you can work that will contribute to your professional development.

SKILL

TRAINING COURSE OR PROJECT

Employee and supervisor have reviewed this Performance Contract and agree that periodic Performance Evaluations shall, in part, be based upon employee's completion of work tasks and projects set forth in this Performance Contract.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**Pacific  
Bell**

**Appendix B  
Policy Documents and  
Case Studies**

# *Pacific Bell*

## *Management Telecommuting and Virtual Office Policy*

*Issued March 1995*

Pacific Bell will now actively support and encourage managers who wish to telecommute regularly and frequently as their work assignments permit. Telecommuting provides a flexible work option for our employees and supports our corporate concerns for a cleaner environment. Telecommuting may not be appropriate for some jobs and/or individuals and may not be appropriate on a full-time basis. Our company's position on telecommuting is that managers and supervisors are expected to jointly assess the position responsibilities, personal work habits, and performance relative to telecommuting to determine if it is a viable work option for managers.



J. R. Moberg  
Executive Vice President  
Human Resources



# Pacific Bell Management Telecommuting and Virtual Office Policy

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## NOTICE:

This document is Pacific Bell's internal telecommuting and virtual office policy. The policy was developed for Pacific Bell only. It is not intended to convey legal, tax, risk management, business or any other form of advice to others. Before implementing any of the concepts or approaches reflected in this document, you should consult your own advisors in the relevant subject matter areas.

**For additional copies of this policy, Pacific Bell employees should complete a P3056 form for the Centralized Distribution Center (CDC) and request item code C971.**